Original - Court 1st copy - Friend of the Court 2nd copy - Plaintiff 3rd copy - Defendant

STATE OF MICHIGAN CASE NO. JUDICIAL CIRCUIT **REQUEST TO REOPEN** 50th FRIEND OF THE COURT CASE COUNTY Chippewa Friend of the Court address Telephone no. 300 Court Street, Sault Ste. Marie, MI 49783 (906) 635-6347 Plaintiff's name and address Defendant's name and address Attorney: Attorney: 1. On ____ ___ an order was entered exempting this case from friend of the court services. I REQUEST that the friend of the court case be reopened upon filing of this request with the friend of the court office. Attached is a completed Verified Statement (form FOC 23). ☐ I request support services under Title IV-D of the Social Security Act. Date Signature **CERTIFICATE OF MAILING** I certify that on this date I served a copy of this request on the friend of the court and on the other party and his or her attorney by first-class mail addressed to their last-known addresses as defined in MCR 3.203. Date Signature